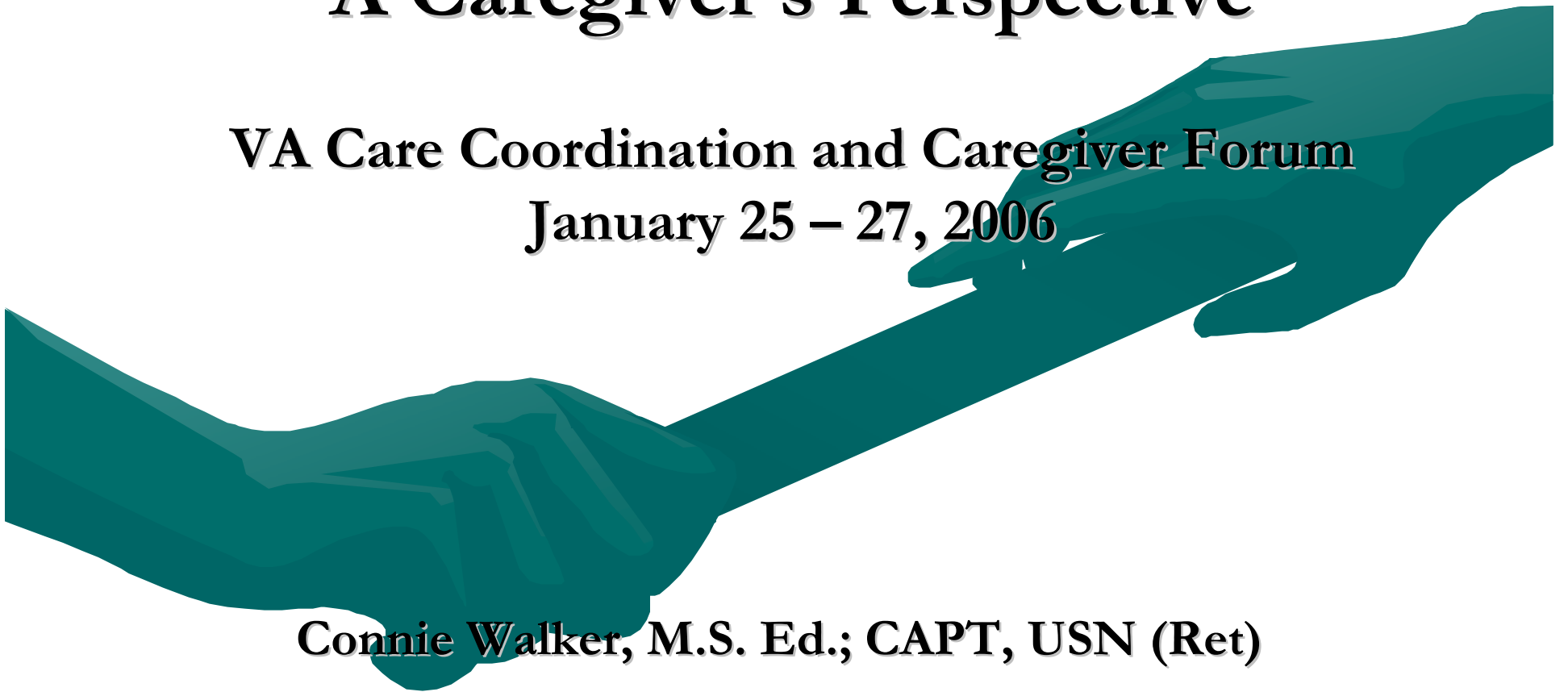


# **A Caregiver's Perspective**

**VA Care Coordination and Caregiver Forum  
January 25 – 27, 2006**

**Connie Walker, M.S. Ed.; CAPT, USN (Ret)**



# An overview

- Who we are and where we live
  - Before and after
  - Where is home?
- Chronology and Agency Coordination to date
  - Timeline
  - Agencies
- This caregiver's experience
  - Impact and views
  - The future



# Chronology and Agency Coordination

## Timeline

Jan - Jul 03	Operation Iraqi Freedom
Jan - Sep 04	Hospitalization, diagnosis, medical board, retirement
Oct 04	Home
Nov 04 – May 05	Local community-based residential services and treatment
May 05 – Sep 05	National Institute of Mental Health voluntary in-patient
Oct 05 – Present	Home

## Agencies

### GOV, DOD, VA

Army  
Navy  
HHS NIMH  
WRAMC

### VA offices

Norfolk  
Roanoke (Reg)  
Baltimore (Reg)  
VAMC Balt, DC, PP  
CBOC CH  
VR&E (Balt, DC Reg)  
VA hqs

### STATE

DOE DORS  
NAMI  
DOL MD JOB SVC  
SSA

### LOCAL

HHS MHASM  
VA VR&E (Waldorf)  
NAMI  
SSA  
Pathways, Inc  
Affiliated Sante Gp  
Rock Creek Fndtn  
Individual Providers

# This caregiver's experience

Treatment, rehabilitation, and recovery

Intra and interagency coordination

Case management and oversight

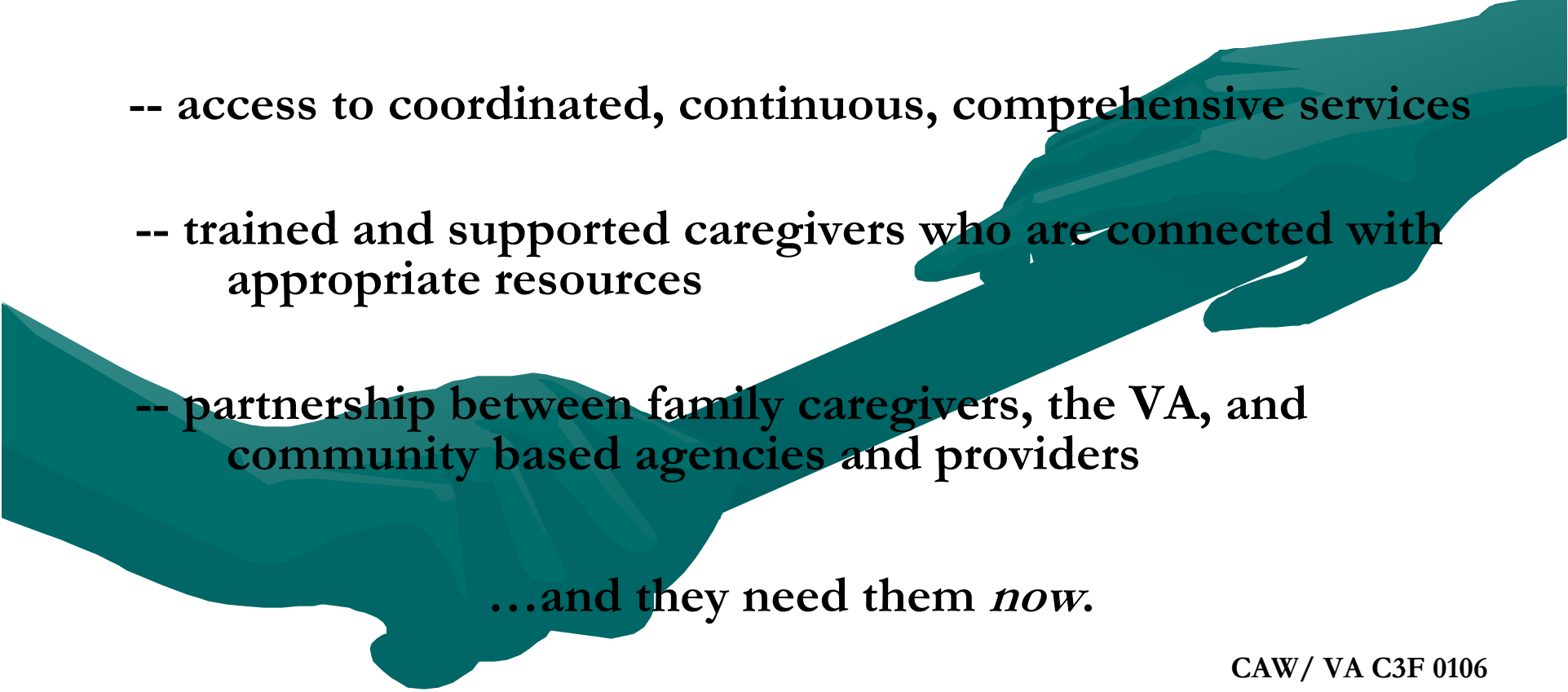


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## Vision and Need

*the vision....treatment, rehabilitation, and recovery*

### Disabled Veterans in rural areas need

- 
- access to coordinated, continuous, comprehensive services
  - trained and supported caregivers who are connected with appropriate resources
  - partnership between family caregivers, the VA, and community based agencies and providers

...and they need them *now*.

# The future?

## Numbers

- 52% of OIF/OEF Veterans utilizing VA health care are 20 - 29 years old. 23% are between 30 - 39. (VA brief, Oct 05)
- 30% of troops surveyed have developed stress related MH problems 3 – 4 months after coming home from the Iraq war. (Army Surgeon General, Jul 05)
- 80% of all long term care in the U.S is provided by family caregivers. If unpaid family caregivers were replaced by paid homecare providers, est cost \$196B. (US Senate Special Committee on Aging, Jun 02)
- For the first three quarters of 2005, nearly 15% of Veterans aged 20-24 were jobless – three times the national average. (Washington Post, Nov 05)

## Initiatives

- Military Amputee Training Center, contractor selection Mar 06 (AP, Jan 06)
- VA MH Special Funding in FY06, proposals solicited to close service gaps in CBOCs (Nov 05)
- SLGI Traumatic Injury Protection (\$25K-\$100K) (Dec 05)
- Veterans Millennium Health Care Act ('99), Jobs for Veterans Act ('02)
- Increased training for VA Staff, Family Support Groups, telehealth, MHICM

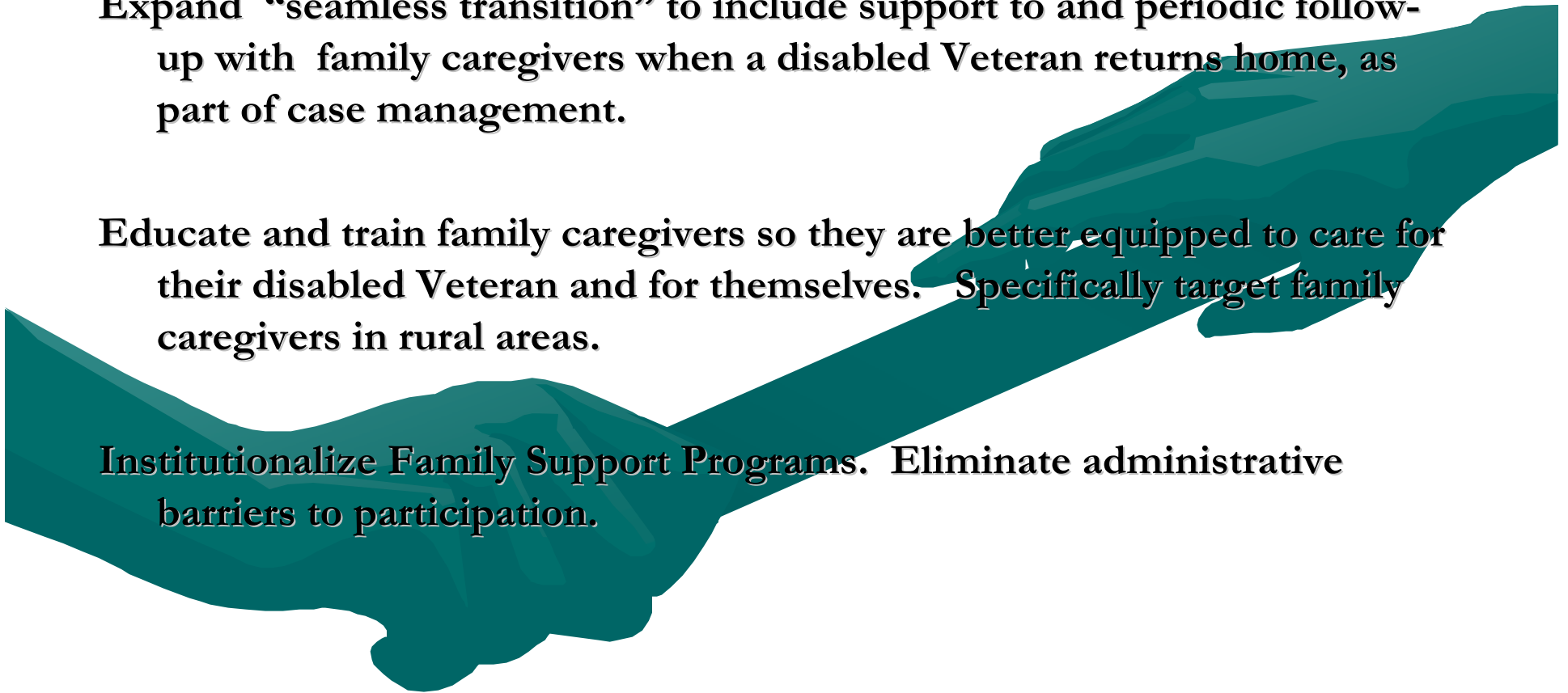
# Recommendations

Partner with Department of Health and Human Services to develop outreach to and coordinate services for disabled Veterans in rural areas.

Expand “seamless transition” to include support to and periodic follow-up with family caregivers when a disabled Veteran returns home, as part of case management.

Educate and train family caregivers so they are better equipped to care for their disabled Veteran and for themselves. Specifically target family caregivers in rural areas.

Institutionalize Family Support Programs. Eliminate administrative barriers to participation.







**“They’re not coming home to the VA.  
They’re coming home.”**

**LT Paul Kobs, USN (Ret)**

**January 2006**

**CAW/ VA C3F 0106**

